



All fields are required to process this application

This form is not to be used to apply for a grant for annual membership.

# 2016 Events/Training/Troop Dues Grant Application

Financial Assistance for events, trainings, and troop dues are determined on a case by case basis. **This form does not register the applicant for any event or program;** attach the appropriate registration form to this request with payment, if required. This form must be completed by the parent/guardian of the girl seeking assistance or the adult seeking assistance for themselves. Please print clearly and fill out with either blue or black ink. Submit to the St. Paul Service Center (400 Robert Street South, St. Paul, MN 55107 or fax 651-227-7533). If you have any questions, please call 800-845-0787.

I am requesting a grant for myself Name: \_\_\_\_\_

I am requesting a grant for my girl Girl's name: \_\_\_\_\_ My name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Explain why it is difficult for the member needing the grant to pay for the requests below (ex: medical expenses, unemployment, decrease in income): \_\_\_\_\_

### If grantee is a Girl Scout:

Is she a new Girl Scout member this year? Yes No

Has she received a grant from River Valleys in the past? Yes No

How does she participate in Girl Scouts? Juliette/Individual Troop; Troop # \_\_\_\_\_

Girl Scout Program Grade Level: Daisy Brownie Junior Cadette Senior Ambassador

Does she qualify for reduced-price lunch? Yes No

Did she/her troop participate in the Cookie and/or Snacks and Magazine Program in 2015? Yes No

Is she/her troop planning to participate in the Cookie and/or Snacks and Magazine Program in 2016? Yes No

If not, why? \_\_\_\_\_

### Request for a grant towards a council-sponsored program event or adult volunteer training session

Name of event/training: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Event fee: \$ \_\_\_\_\_

Less the non-refundable deposit (if applicable): -\$ \_\_\_\_\_

Less amount the family can pay: -\$ \_\_\_\_\_

Less the troop contribution: -\$ \_\_\_\_\_

Total grant requested: = \$ \_\_\_\_\_

### Request for grant towards troop dues (new members and/or newly formed troops only)

Please itemize what troop dues will be used for: \_\_\_\_\_

Annual troop dues charged per girl: \$ \_\_\_\_\_

Less amount the family can pay: -\$ \_\_\_\_\_

Less troop contribution: -\$ \_\_\_\_\_

Total grant requested: = \$ \_\_\_\_\_

Name and mailing address of troop treasurer/leader (check will be mailed to the troop): \_\_\_\_\_

Requester's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

For Office Use Only

Issue Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Staff Initials: \_\_\_\_\_